

**Southwest Washington Workforce Development Council
Eligible Training Provider Application
Certification Form**

Date _____

Jordana Soyke
Southwest Washington Workforce Development Council
1101 Broadway, Ste. 120
Vancouver, WA 98660
(360) 567-1059
jsoyke@swwdc.org

Dear Ms. Soyke:

The _____ (school/organization name) certifies that completion of training for each program submitted to the Eligible Training Provider (ETP) application will lead to entry into a given field of employment at a wage not lower than \$9.00 per hour.

I understand that submitting this assurance form to the Southwest Washington Workforce Development Council is an ETP application requirement.

Signature

Date

Title of Signatory

Name of School/Organization

Address and Contact Phone Number

Please return completed form and address questions regarding this form, to Jordana Soyke, using the contact information above.